

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

UNITED STATES DISTRICT COURT
DISTRICT OF ALASKA

ANTHONY L. BLANFORD and
JOHN K. BELLVILLE,

Plaintiffs,

MICHAEL J. DUNLEAVY, in his
individual and official capacities;
TUCKERMAN BABCOCK; and the
STATE OF ALASKA,

Defendants.

Case No. 3:19-cv-00036-JWS

VIDEOCONFERENCE DEPOSITION OF GAVIN CARMICHAEL

Pages 1 - 101
Thursday, January 7, 2021
9:00 a.m.

Taken by Counsel for Plaintiffs
Via Remote Videoconference

Exhibit 1, Page 1 of 10

PACIFIC RIM REPORTING

907-272-4383
Case 3:19-cv-00036-JWS Document 62-1 Filed 05/14/21 Page 1 of 10

Opposition to Defendants' Motion
for Summary Judgment

1 A-P-P-E-A-R-A-N-C-E-S

2

3 For Plaintiffs:

4 STEPHEN KOTEFF
5 AADIKA SINGH
6 ACLU OF ALASKA FOUNDATION
7 1057 West Fireweed Lane, Suite 207
8 Anchorage, Alaska 99503
9 907/263-2007
10 skoteff@acluak.org

11

12 For Defendants:

13 MICHAEL B. BAYLOUS
14 LANE POWELL
15 1600 A Street, Suite 304
16 Anchorage, Alaska 99501
17 907/277-9511
18 baylousm@lanepowell.com

19

20 Court Reporter:

21 LESLIE J. KNISLEY
22 PACIFIC RIM REPORTING
23 711 M Street, Suite 4
24 Anchorage, Alaska 99501

25

Also Present:

18 JOHN K. BELLVILLE

19

20

21

22

23

24

25

1	I-N-D-E-X		
2	EXAMINATION BY		PAGE
3	Mr. Koteff		4
4	EXHIBITS		
5	NUMBER	DESCRIPTION	PAGE
6	1	Defendants' Responses to Plaintiffs' First Discovery Requests	69
7		(8 pages)	
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

24 A No, nobody else in the room. My wife's
25 traveling through taking care of house chores from

1 used as to what the governing board did.

2 But the CEO of API is essentially
3 given -- let's break it down into categories.
4 You're given a budget, and then you figure out how
5 to move those dollars around to make your budget
6 work within the state. So you don't really have a
7 for-profit organization where you'd have a profit
8 and loss statement. You'd have EBITDA and things
9 like that. That's earnings before interest, taxes,
10 depreciation, and amortization. So you don't have
11 that type of a model for your budget.

12 So now we have lots of dollars, and then
13 you figure out how to allocate those dollars. And
14 92 to 95 percent of it is payroll. So your
15 disposable budget is essentially -- that payroll is
16 essentially burned up by pharmacy and facilities
17 maintenance and things like that. So not a lot of
18 discretionary dollars to choose about how to use.

19 As for policy, you essentially can make
20 internal policy that is not large scale. If you
21 want to make a clinical policy, that obviously has
22 to be cleared through the governing board, through
23 the commissioners, et cetera. That's just the way
24 that kind of works because the policies you make at
25 API affect patients and clients statewide that are

1 sitting in hospitals, that are in villages, that
2 are elsewhere. So it's not just -- you can't make
3 unilateral decisions to serve the hospital. So a
4 policy decision is a centralized process within the
5 walls and the confines of the 220,000 square feet
6 of API. Many people feed their information into
7 what's going to become the policy at API in terms
8 of admissions and clinical, et cetera.

9 So if you want to break down -- the next
10 thing -- let's break another branch down. So we
11 talked about budget; we talked about policy.

12 Personnel issues, largely personnel issues that
13 occur within API for the -- how do I say this --
14 for the nonphysician, nonclinical staff, nonmedical
15 staff. The medical staff is kind of a lightning
16 rod. So that is highly influenced by the process.

17 So as CEO you could say: Yeah, let's
18 hire Dr. John Smith, for example -- a fictitious
19 name. But in order to do that, you need to reach
20 out to the HR team. You've got to get the deputy
21 commissioner for finance to sign off on it. The
22 governor basically has to sign off on it literally.
23 Excuse me. It's really the chief of staff that
24 signs off on it. So in order to hire clinical
25 positions that are exempt -- note I said exempt --

1 A Well, once again, at API you don't just
2 arbitrarily dream up or craft policy in a vacuum.
3 It takes a cast of many to get it approved.
4 Depending on the policy, I mean, if you want to put
5 a policy in place about what are you going to do
6 with people's petty cash fund when it comes in?
7 You could largely do that at the organization
8 level, but if you have policies that are going to
9 affect the intake of patients statewide, then that
10 obviously is bounced above people outside the
11 hospital, the commissioner or deputy commissioner,
12 governing board, et cetera.

13 Q Here it refers to "inpatient psychiatric
14 healthcare policies and programs."

15 Is that an accurate descriptor of the
16 type of policies, then?

17 A Yes.

18 Q So I just want to make sure I understand
19 that this refers to inpatient psychiatric policies
20 and programs as opposed to a policy, say, that you
21 mentioned, like petty cash, correct?

22 A Correct, yeah.

23 Q Then below that it says: Development,
24 revision, and implementation of policies and
25 procedures and standing orders regarding patient

1 largely covered Taku. So they would provide
2 testimony to the courts on status of the client as
3 well as medication management requests, et cetera,
4 in an effort to work people to competence -- treat
5 people to competence.

6 Q Other than the job duties that you first
7 described Dr. Blanford as having, before we turn to
8 this document and the duties that are described in
9 this document, can you think of any other job
10 duties that Dr. Blanford had?

11 A Not off the top of my head, no.

12 Q Do you feel confident that we've covered
13 everything?

14 A Yeah. I can't think of anything else.

15 Q I'm going to go ahead and stop my screen
16 share so we can see each other a little bit better
17 on the screen. If we need to come back to that
18 document, I can pull it back up.

19 With respect to any of the job duties
20 we've been discussing belonging to Dr. Blanford
21 while he was chief of psychiatry, did
22 Dr. Blanford's political affiliation have any
23 effect on how he did his job in performing any of
24 those duties?

25 A No.

1 Q Did who Dr. Blanford might have voted for
2 for governor have any effect on how he did any of
3 the jobs duties that we've described?

4 A No, other than when he left.

5 Q Right. Thank you. In your opinion, did
6 whether Dr. Blanford supported Governor Dunleavy's
7 agenda have any effect on his ability to do his job
8 duties?

9 A No.

10 Q Assuming you were his supervisor as the
11 CEO, would Dr. Blanford's support or nonsupport for
12 Governor Dunleavy affect your ability to have trust
13 or confidence in his performance?

14 A No. I knew where he stood.

15 Q You've described your role as CEO and
16 those that you reported to. Did Dr. Blanford have
17 any direct line or communication to those people
18 above you, say, the deputy commissioner or the
19 commissioner?

20 A So, you know, if there was obviously a
21 clinical question that a commissioner or deputy
22 commissioner had, I don't remember ever having a
23 problem ever calling, you know, or Valerie Davidson
24 ever calling directly to Dr. Blanford to my
25 knowledge. Could have happened. It's not unheard

1 I would say unanimously, amongst the -- I can't
2 think of a time when -- I've never -- and you can
3 shut me up any time if you want, Michael. But I
4 can tell you that I've never seen nor can I recall
5 a time when his clinical judgment was dissented by
6 another provider. It's never happened while I was
7 there or in any meeting I was ever involved in.

8 Q In your opinion was his -- and we should
9 say Dr. Blanford's clinical judgments ever
10 influenced by the politics that may have -- forgive
11 me, I'm having a little trouble getting this out.

12 Was his clinical judgment ever influenced
13 by political considerations, the kind of which
14 we've discussed earlier in this discussion?

15 A No. You know, I'll give you an example.
16 I see what you're saying. What you're talking
17 about is, let's say, perhaps we have a patient at
18 API that has committed some heinous act within
19 society. Let's put it that way. A very high
20 profile act. There would be pressure to do one
21 thing or another. When I say "pressure", it's not
22 that there was the governor or the commissioner or
23 anybody called down and said: Hey, do this with
24 this patient. That was not the spirit. That's not
25 the culture. That was not what happened.